

Georgia Department of Human Resources Division of Aging Services Requirements for Non-Medicaid Home and Community Based Services

Section 200

General Service Requirements

§208 In-Home Services Requirements

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§208.1 Purpose.

This chapter establishes the requirements to be followed when Area Agencies on Aging directly provide or contract for the delivery of supportive services to frail elderly people in their homes, and their care givers when present, supported by all non-Medicaid sources of funding.

§208.2 Scope.¹

These requirements apply, except where noted, to homemaker, personal care, respite care and related service activities provided to or on behalf of eligible persons, and their caregivers, in their places of residence.

§208.3 Target group.

The target group for this service is persons 60 years of age or older, who are functionally impaired in their ability to perform regular activities of daily living, and their spouses or caregivers, when present.

§208.4 Client eligibility.

- (a) Eligible individuals meet the following criteria:
 - (1) are age 60 and over², with the exception of adults of any age who receive services through the State-funded Alzheimer's fund source, who have Alzheimer's disease or a related disorder³; *and*
 - (2) have a physical or mental disability or disorder which restricts his/her ability to perform basic activities of daily living and/or instrumental activities of daily living, or which threatens his/her capacity to live independently; *and*
 - (3) do not have sufficient access to persons who are willing and/or able to assist with or perform needed basic and instrumental activities of daily living or provide adequate support to enable the individual to continue to live independently.
- (b) Providers shall not accept persons whose maintenance and care needs cannot be met adequately by the agency in the clients' places of residence.

¹ The requirements set out in this chapter are general in nature. Subsequent chapters on the individual in-home services will provide guidance specific to each service.

² The Older Americans Act National Family Caregiver Support allows for the provision of respite care and supplemental services to caregivers of frail, older persons. The caregiver is considered the client for this program and can be any adult, age 18 and over, who provides informal care to the frail, older person who has impairment in two or more activities of daily living.

³ Other dementias and conditions may include, but are not limited to, other cortical dementias such as Pick's disease; vascular dementias, including multi-infarct dementias (stroke); neurological disorders, including hydrocephalus, Parkinson's disease, subdural hematomas, and primary or metastatic brain tumors; dementias associated with chronic infections, including syphilis, tuberculosis, slow viruses, HIV/AIDS, and Creutzfeldt-Jakob disease.

§208.5 Access to Services

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AAAs may receive requests for services from a variety of sources, which include, but are not limited to the following: Older persons may request services or be referred by a physician, hospital, case manager, family member, friend, or other service provider. The Area Agency on Aging shall screen all applicants for service. Subject to the availability of services, area agencies will initiate service | delivery or refer appropriate applicants to provider organizations or other resources; or place |them on a waiting list for services. When available, services will be provided in the client's place of residence. Services shall not be provided in a nursing home, personal care home or other setting where the provision of this service is included in the cost of care.

§208.6 Service Activities.

- (a) Service activities include:
 - (1) homemaker services and related home management activities ⁴;
 - (2) personal care services;
 - (3) in-home respite care, which can include companion-sitter services.
 - (4) chore services
 - (5) home repair/modification services
- (b) Service activities do not include:
 - (1) physical, speech or occupational therapies;
 - (2) medical nutrition therapy;
 - (3) medical social services;
 - (4) home health aide services provided by a home health agency;
 - (5) skilled nursing services

§208.7 Service Outcomes.

Service providers shall ensure that their services achieve the following outcomes.

- (a) Quality in-home services are provided at reasonable cost.
- (b) Staff demonstrates sensitivity to clients' and caregivers' special needs, including nutrition, as described in the Dietary Guidelines for Americans, in order to provide quality services.

⁴ Homemaker services include such household or housekeeping tasks performed to assure the upkeep and cleanliness of the home, including, but not limited to such activities as laundry, changing linens, trash collection and disposal and cleaning. Home management activities performed by homemaker staff are those which maintain a home's essential operation, including, but not limited to meal planning, shopping, bill paying and the like. Homemaker services do not include the performance of personal care tasks, such as bathing, grooming, or any other activity, which involves direct care of the client.

- (c) Services are designed to capitalize on the individuals' remaining strengths, lessen the burden of impairment for older adults, or to reduce the degree of stress or burden⁵ experienced by caregivers as a result of providing continuous providing care, if respite care is provided.
- (d) Services provided are based on a plan individualized for each client's and/or caregiver's needs.

§208.8 State Licensure ⁶.

Providers of in-home services must demonstrate compliance with all applicable licensure requirements for private home care providers under the Rules and Regulations of the State of Georgia as found at §290-5-54. (Note: entities providing **ONLY** homemaker services are not subject to licensure.)

Specific provisions include, but are not limited to:

- (a) Each private home care provider shall have a governing body empowered and responsible to determine organizational policies and procedures and to assure compliance with rules, regulations, policies and procedures.
- (b) The Department of Human Resources may issue a provisional license:
 - (1) to allow a newly established provider a reasonable, but limited, time to demonstrate that its operational procedures comply with applicable rules; or
 - (2) to allow an existing provider a reasonable length of time to comply with these rules and regulations, based on an acceptable plan of improvement.
- (c) The provider's administrator and its employees must be qualified, as defined in Georgia rules and regulations, to direct or work in the program.
- (d) Each separate office location of a provider must obtain separate licensure.
- (e) The provider shall display the license in a prominent and appropriate location at the licensed location;
- (f) The provider may not transfer any license issued under Georgia rules and regulations and must surrender the license to the Department in cases of changes of name, location, ownership or governing body, or if suspended, revoked, or limited. The provider shall notify the Department and the Area Agency 15 days in advance of any change in location.

⁵ Caregiver burden will be assessed using the Montgomery-Borgatta Caregiver Burden Scale.

⁶ The complete rules and regulations of the state of Georgia, which pertain to licensure of private in-home care providers, are found at <http://www.ganet.org/rules/index>, and are at §290-5-54

- (g) Exemptions to licensure include, but are not limited to:
- (1) when services are provided directly by an individual, either with or without compensation, and not by agents or employees of the individual; not through independent contractors or referral arrangements made by an individual who has ownership or financial interest in the of delivery those services by others who would deliver services.
 - (2) when services are provided by the temporary placement of professionals and paraprofessionals to perform those services in places other than a person's residence;
 - (3) when services are provided by home health agencies, which are licensed under state law;
 - (4) when services are provided in a personal care home by staff of the home.
 - (5) *when the services provided are homemaking or housekeeping only in nature and not an integral component of a personal care or companion/sitter service.*

§208.9 Delivery characteristics.

Service providers will deliver services in the following manner.

- (a) Assessment. The delivery of service shall be planned and carried out in accordance with specific client needs as determined by the designated administrative or program staff during the in-home assessment, based on the use of the DON-R instrument and other instruments or inventories. The assessment is conducted by the Area Agency or the provider agency.
- (b) Service plan.⁷
- (1) Designated staff shall begin developing the service plan, using a format provided or approved by DAS, with the client and/or family during the in-home assessment visit. The plan, at a minimum, shall include:
 - (A) documentation of the functional abilities/limitations of the client, as established by the administration of the DON-R at assessment and reassessment;
 - (B) types of service required/tasks to be performed;

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⁷ Reference: Rules and Regulations of the State of Georgia §290-5-54-.11

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- (C) the expected days, times, frequency and duration of visits in the client's/ caregiver's residence;
 - (D) estimated duration of the need for service;
 - (F) stated goals and objectives of the service; and
 - (G) discharge plans.
- (2) When applicable to the condition of the client and the services to be provided, the plan shall also include information on pertinent diagnoses; medications and treatments; equipment needs; and dietary and nutritional needs.
 - (3) The service supervisor/case manager shall complete the plan within seven working days after services initially are provided in the residence. Plans are to be revised as necessary, and reviewed and updated by staff members involved in serving the client at the time of each supervisory visit.
- (c) Service initiation.
- (1) The provider agency has the discretion to begin providing minimal levels of service in the home prior to the completion of the initial service plan.
 - (2) The agency shall initiate services within ten working days from the date of receiving the referral, and thereafter deliver them on a regular basis in accordance with the established service plan.
 - (3) The provider agency shall make a telephone or other contact within the first four weeks of service initiation to ensure client satisfaction, and annually thereafter for the duration of the service relationship.
- (d) Supervisory/monitoring visits.⁸ Appropriate supervisory staff shall make visits to each client's residence, in accordance with time frames established by state licensure requirements or other DAS requirements, starting from the date of initial assessment, or as the level of care requires, to ensure that the client's (and/or caregiver's if present) needs are met. The visit shall include an evaluation of the client's general condition;

⁸ revised 6/2002 Supervisory visits are required every 92 days for personal care, every 122 days for respite care services, and after the first 184 days (six months) of service delivery and then not less than annually thereafter for homemaker services. Chore and home repair services are intermittent, seasonal or one-time occurrences and will not require the level and degree of supervision.

vital signs, if applicable to the service being provided; a review of progress toward goal attainment; any problems noted; and the client's/ caregiver's satisfaction with services. Supervisors also shall observe and note the appropriateness of the level of services being provided.

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- (e) Reassessment. Depending upon the options exercised by the Area Agency in the area of client assessment, designated Area Agency, case management agency, or provider staff shall reassess each client/caregiver at least annually, or more frequently, based on changes in the client's functional status or other conditions.

- (1) Designated staff shall conduct reassessments, either when contact indicates the client's or caregiver's needs have changed, or when staff providing services or a caregiver reports the client's needs have changed.
- (2) The reassessment shall address changes in the cognitive, emotional, physical, functional, economic or physical/social environment in which the client lives and shall provide the basis or any changes indicated for the service plan.

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- (f) Emergency contact. Clients will furnish to the provider information on an emergency contact person, which the agency will maintain in its client record. If no emergency contact person is identified, the provider shall list the local emergency response number (e.g. 911) if available in the area or local law enforcement agency as the contact. The emergency contact person and phone number(s) shall be verified and updated at the time of each reassessment.

- (g) Service termination and discharge.

- (1) The provider agency shall discontinue services:
 - (A) upon the death of the client, entry of the client into a personal care or nursing home, or when there is no longer a need for the service.
 - (B) when the client or caregiver is non-compliant with the plan of care through persistent actions of the client or family which negates the services provided by the agency⁹, but only after all attempts to counsel with the client/family have failed to produce a change in behavior leading to compliance.

⁹ In cases of non-compliance, supervisory staff shall evaluate the need for referral for protective or mental health services, and make such referrals as appropriate prior to discharge and termination whenever possible.

- (C) when the client, client's family, or home environment threatens the in-home service worker or other agency staff to the extent that the staff's welfare and safety are at risk and good faith attempts at corrective action have failed.
 - (D) when the provider agency resources are no longer adequate to meet the maintenance and care needs of the client.
 - (E) upon the request of the client or caregiver, if acting as the authorized representative of the client.
- (2) The provider agency shall provide written notice of termination and discharge at least 21 calendar days prior to the date of discharge, when applicable.
 - (3) During the 21-day period, the Area Agency and/or case management agency will work with the provider to make appropriate arrangements with the client and/or family for transfer to another agency, institutional placement, or other appropriate care.
 - (4) The provider shall continue to provide care in accordance with the service plan for the 21 days or until alternate arrangements can be made, whichever occurs first, unless staff providing in-home services are placed at immediate risk of harm.
 - (5) The AAA and service providers shall establish protocols for timely two-way communications, regarding vacancies in the service programs due to terminations/discharges and the process for referring new clients to fill such vacancies.

§208.10 Staffing.

Providers of in-home services shall have sufficient numbers of qualified staff, as required by the Department of Human Resources rules and regulations, and/or the Division of Aging Services service requirements, to provide services specified in the service agreements with clients.

§208.11 Orientation and training requirements.

The provider agency shall provide services with personnel who possess the qualifications and competencies to perform requested and agreed upon services of the client or family. The provider agency is responsible for the following:

- (a) providing an orientation for personnel to their job responsibilities including, but not limited to:
 - ▶ agency policies and procedures;
 - ▶ the philosophy and values of community integration and consumer-driven care;

- ▶ recognizing/reporting of suspected abuse, neglect, exploitation;
 - ▶ recognizing changes in the client's health condition indicating the need for emergency procedures or health services;
 - ▶ the agency's code of ethics and employee conduct;
 - ▶ client rights and responsibilities;
 - ▶ the agency's complaint handling process;
 - ▶ recognizing/reporting client progress and problems to supervisory staff.;
 - ▶ the employee's obligation to inform the employer of known exposure to tuberculosis, hepatitis, or any other communicable disease.
- (b) maintenance of documentation to demonstrate that an individual is able to perform the services for which s/he is responsible; and
- (c) assuring that the staff responsible for directing/providing training meet minimum qualifications.¹⁰
- (d) for requiring each employee to participate in a minimum of *eight clock hours annually* of in-service or additional training as appropriate.¹¹ The provider agency may provide the training or assist employees in locating and attending the appropriate training. The objective of ongoing training is to improve each employee's ability to meet the needs of the client/caregiver and support the accomplishment of service outcomes.

§208.12 Administrative requirements.

- (a) The providers shall establish and implement written policies and procedures that define the scope of in-home services it offers and the type of clients it serves.
- (b) Provider agencies shall maintain accurate administrative, fiscal, personnel, and client case records that shall be accessible and available to authorized representatives of the area agency on aging, the Division of Aging Services, the Department of Human Resources, and others as required by law.
- (c) Service agreements. No provider shall offer to contract for or provide a client any in-home service that it cannot reasonably expect to deliver.
- (1) Each provider shall develop and implement policies and procedures for service agreements. All services provided to a client shall be based on a written service agreement entered into with the client or the client's responsible party. The agreement shall include:

¹⁰ Rules and Regulations of the State of Georgia, §290.5.54.-09(5) and (6).

¹¹ See note 6 for citation.

- (A) date the provider makes initial contact with the client for services;
- (B) date of referral;
- (C) description of services/activities needed, as stated by the client or responsible party;
- (D) description of the services to be provided; and expected days, times frequency and duration of visits;
- (E) agency charges for services rendered (if applicable), and whether the charges will be paid in full or in part by the client or family; methods of billing and payment;
- (G) information regarding the client's/ family's opportunity to contribute voluntarily toward the cost of services;
- (H) client's acknowledgement of receipt of "Client's Rights and Responsibilities" written notification.
(See Appendix 208-A for listing of rights and responsibilities);
- (I) a telephone number for the provider which the client can call for information, questions, or complaints about the services supplied by the provider and information regarding supervision by the agency of the services to be provided;
- (J) the telephone number of the state licensing authority (DHR Office of Regulatory Services) for information and filing of complaints which have not been resolved satisfactorily at the local level, for those agencies providing services subject to state licensure; or the number of the Area Agency on Aging and Division of Aging Services, if not subject to licensure;
- (K) written authorization from the client or responsible party for access to the client's personal funds when the homemaker or respite services involve providing assistance with bill paying, or any activity, such as shopping, that involves access to or use of such funds; authorization for use of client's motor vehicle when services to be provided include transport and escort services the client's personal vehicle will be used;

- (L) signatures of the provider's representative and the client or responsible party and date signed; or in the case of refusal to sign, such refusal shall be noted on the agreement with an explanation from the provider's representative.
- (2) Providers shall complete service agreements for new clients *not later than the second visit to the client's residence to provide services, or not later than seven calendar days after services initially are provided in the residence, whichever date is earlier.* If unable to complete the service agreement for good cause, the provider will document the reasons in the client record. Subsequent revisions to the initial service agreement may be indicated by the provider noting in the client record the specific changes in service (e.g. addition, reduction or deletion of services; changes in duration, frequency or scheduling; changes in charges for service, etc..) that will occur, documentation that changes were discussed with and agreed to by client/responsible party, who signed the initial agreement prior to the changes occurring.
- (3) The client has the right to cancel any service agreement at any time and shall be charged only for actual services rendered prior to notifying the provider of cancellation. The provider may assess a reasonable charge for travel and staff time if notice of cancellation is not provided in time to cancel a previously scheduled home visit for service delivery.
- (d) The provider agency at a minimum¹³ shall maintain adequate insurance coverages for
 - (1) workers' compensation;
 - (2) professional liability;
 - (3) errors and omissions;
 - (4) general liability; and
 - (5) any agency-owned vehicles.
- (e) The provider agency shall furnish adequate identification (ID) to employees who provide in-home services or who have direct contact with clients/caregivers.
 - (1) Each employee shall carry the ID and either wear it on his/her person or present it to the client/caregiver upon request.

¹³ An agency would be prudent to obtain an umbrella policy in addition to other coverages. Bonding of individual employees is required by state licensure regulations for employees providing services which give them unlimited access to clients' funds. Bonding protects the agency against claims arising from thefts committed by workers. General liability policies also should cover this type event. Refer to §290-5-54-.09(4)(c)9, Rules and Regulations of the State of Georgia.

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- (2) An adequate ID is one that is made of permanent materials and which shows the provider agency name, the employee's name, title, and photograph.
- (3) The provider shall issue the ID at the time of employment and shall require the return of the ID from each employee upon termination of employment.
- (f) The provider agency shall ensure that no in-home services worker is a member of the immediate family¹⁴ of the client/caregiver being served by that worker.
- (g) Each provider agency shall establish and enforce a code of ethics which is distributed to all employees and clients/families. The code shall provide for workers' use of bathroom facilities, and with the client's consent, allow workers to eat lunch or snacks, provided by the workers, in the client's home. The code of ethics shall include, at a minimum, prohibitions regarding:
 - (1) Consumption of clients' food or drink, except for water.
 - (2) Use of clients' telephones for personal calls.
 - (3) Discussion of one's own or others' personal problems, religious or political beliefs with the client.
 - (4) Bringing other persons, including children, not involved in providing care to the clients' homes.
 - (5) Solicitation or acceptance of tips, gifts, or loans in the form of money or goods for personal gain from clients/caregivers.
 - (6) Consumption of alcoholic beverages, or use of medicines or drugs for any purpose, other than as ordered or prescribed for medical treatment, in the clients' homes or prior to being present in the home to provide services.
 - (7) Smoking in clients' homes.
 - (8) Breach of the clients'/caregivers' privacy or confidentiality of information and records.
 - (9) Purchase of any item from the client/caregiver, even at fair market value.
 - (10) Assuming control of the financial or personal affairs, or both, of the client or his/her estate, including accepting power of attorney or guardianship.

¹⁴ Immediate family is defined as a parent; sibling; child by birth, adoption, or marriage; spouse; grandparent; or grandchild.

- (11) Taking anything from the client's home.
- (12) Committing any act of abuse, neglect or exploitation.
- (h) Agency Administrator. The governing body shall appoint an administrator who shall have full authority and responsibility for the operation of the provider organization and who meets the minimum qualifications of the Rules and Regulations of the State of Georgia, §290.5.54.-09(3). In addition to the minimum qualifications set by state rules, the administrator shall, by virtue of education, training and/or experience, demonstrate the ability to manage the aging program services.
- (i) Record keeping.
 - (1) Client records. Providers shall maintain separate files containing all written records pertaining to the services provided for each client served, including, at a minimum, the following:
 - (A) Assessment and reassessment documentation¹⁵, gathered through the use of instruments or inventories specified or approved by the Division of Aging Services ;
 - (B) Identifying information including the name, address, telephone number of the client/responsible party, if applicable;
 - (C) Current service agreement;
 - (D) Current service plan;
 - (E) Documentation of tasks performed by homemaker, personal care or respite care staff.
 - (F) Documentation of findings of home supervisory visits unless reflected in the service plan.
 - (G) Any material reports from or about the client that relate to the care being provided, including items such as progress notes and problems reported by employees of the provider agency; communications with personal physicians or other health care

¹⁵ The core assessment instrument for non-Medicaid Home and Community Based Services is the Determination of Need-Revised (DON-R) instrument. Use of additional tools, including, but not limited to the Nutrition Screening Initiative-DETERMINE Checklist (NSI-D), the Montgomery-Borgatta Caregiver Burden Scale, the Folstein Mini-Mental Status Examination (MMSE), and the Center for Epidemiological Studies Depression Scale (CESD), also may be indicated in order to complete a comprehensive client assessment.

providers; communications with family members or responsible parties, and the like.

- (H) The names, addresses and telephone numbers of the client's personal physicians, if any, if applicable to the service being provided;¹⁶
- (I) The date of the referral.
- (J) Any and all additional information requested or required by the Division.

(2) Retention and confidentiality of client records.

- (A) Providers shall establish and implement written policies and procedures for the maintenance and security of client records, specifying who shall supervise the maintenance of records; who shall have custody of records; to whom records may be released and for what purposes.
- (B) At a minimum, providers shall retain client records for five years from the date of the last service provided.
- (C) Providers shall maintain the confidentiality of client records. Employees of the provider shall not disclose or knowingly permit the disclosure of any information in a client record except to other appropriate provider staff; staff of other service provider agencies, on a need to know basis, including case managers from case management agencies who are coordinating all services for clients; the client; the responsible party (if applicable); the client's physician or other health care provider; the Department of Human Resources; the Division of Aging Services; other individuals authorized by the client in writing, or by subpoena.

(3) Personnel records. Providers shall maintain separate written records for each employee, including the following:

- (A) Identifying information: name, address, telephone number, emergency contact person(s);

¹⁶

This information is optional, but not required, for homemaker services clients.

- (B) Employment history for previous five years or complete history if the person has not been employed for five years;
 - (C) Documentation of qualifications;
 - (D) Documentation of a satisfactory tuberculosis screening test upon employment and annually thereafter;¹⁷
 - (E) Date of employment;
 - (F) Individual job descriptions or statements of persons' duties and responsibilities;
 - (G) Documentation of completion of orientation and training requirements.
 - (H) Documentation of an annual performance evaluation, at a minimum; and
 - (I) If the agency requires employees to be bonded, documentation of bonding, if employee performs homemaker functions which permits limited or unlimited access to the client's personal funds. If coverage is provided through a general liability policy, the provider need not maintain documentation separately in each personnel file.
- (4) Reports of complaints and incidents. Providers shall maintain:
- (A) files of all documentation of complaints submitted in accordance with Rules and Regulations of the State of Georgia;
 - (B) all incident reports or reports of unusual occurrences (falls, accidents, etc.) that affect the health, safety and welfare of the clients, for a minimum of five years;
 - (C) documentation of action taken by the provider to resolve clients' complaints and to address any incident reports or unusual occurrences.

§208.13 Mandatory reporting of suspected abuse, neglect or exploitation.

All staff of in-home service provider agencies involved in the direct care of clients in their homes, or supervision of direct care workers, are mandated reporters according to state law¹⁸ and shall be familiar with and be able to recognize situations of possible abuse, neglect or exploitation or likelihood of serious physical harm to persons receiving services. Providers shall

¹⁷ Each employee must provide proof of satisfactory test results before beginning in-home assignments.

¹⁸ O.C.G.A. 30-4, "Protection of Disabled Adults and Elder Persons."

develop procedures for reporting suspected abuse, neglect or exploitation to the appropriate law enforcement agency prosecuting attorney, or county department of family and children services.

§208.14 Provider Quality Assurance and Program Evaluation.

- (a) Providers of in-home services shall develop and implement an annual plan to evaluate and improve the effectiveness of program operations and services to ensure continuous improvement in service delivery. The provider shall include direct care workers and supervisory staff in the evaluation process and in the development of improvement goals and strategies.
- (b) The process shall include, but not be limited to:
 - (1) a review of the existing program's operations.
 - (2) satisfaction survey results from participants and their caregivers (when involved), and job satisfaction survey results from staff.
 - (3) program modifications made that responded to changing needs of participants and staff.
 - (4) proposed program and administrative improvements.
- (c) The agency shall prepare and submit annually to the Area Agency on Aging a written report, which summarizes evaluation findings, improvement goals and implementation plan. The report shall be submitted no later than the end of the first quarter of the new fiscal year (September 30.)

§208.15 Fiscal Management

Contractors providing in-home services shall practice sound and effective fiscal planning and management, financial and administrative record keeping and reporting. Area Agencies and contractors will use the Division's Uniform Cost Methodology on an annual basis to analyze, evaluate and manage the costs of the program.

§208.16 Quality Assurance and Compliance Monitoring

The Area Agency on Aging and the Division of Aging Services periodically will monitor and evaluate in-home service program performance to determine the degree to which defined program outcomes and objectives, and individual client outcomes, have been or are being accomplished. The Area Agency shall monitor for compliance with these and any other requirements not reviewed by any other entity and evaluate contract agency performance on at least an annual basis, also taking into account the provider's self-evaluation findings and program improvement plans (Ref: §208.13). The AAA shall provide written feedback to contractors on the findings as well as any technical assistance necessary for continuous quality improvement.

Effective Date:

Upon Issuance. AAAs shall assure that providers subject to these requirements receive a copy of this chapter in a timely manner. Additional chapters providing requirements for the individual in-home services are forthcoming. AAAs shall allow providers a reasonable period of time to make adjustments for compliance.

Appendix 208-A
Client Rights and Responsibilities
and
Complaint Resolution

Clients' Rights and Responsibilities

Providers of in-home services shall establish and implement written policies and procedures outlining the rights and responsibilities of clients. Client rights and responsibilities include:

1. The right to be informed about the plan of service and to participate in the planning process.
2. The right to be promptly and fully informed of any changes in the plan of service.
3. The right to accept or refuse service.
4. The right to be fully informed of the charges for service, if applicable.
5. The right to be informed of the name, business telephone number and business address of the person supervising the services and how to contact that person.
6. The right to be informed of the complaint procedures; the right to submit complaints without fear of reprisal; and the right to have complaints investigated within a reasonable period of time. The complaint procedure shall include the name, business address, and telephone number of the person designated by the provider to handle complaints and questions.
7. The right of confidentiality of client records.
8. The right to have one's property and residence treated with respect.
9. The right to obtain written notice of the address and telephone number of the state licensing agency, (if applicable) with additional explanation of the Department's responsibility of licensing providers and investigating client complaint which appear to involve licensing violations.
10. The right to obtain a copy of the provider's most recently completed report of licensure inspection from the provider, upon request.
11. The responsibility of the client, caregiver or any responsible party, to advise the provider of any changes in the client's (or caregiver's) condition, or any events which affect the client's/caregiver's service needs.

Complaint resolution:

Providers shall describe in writing the manner in which complaints are to be handled and resolved. Policies shall include procedures for clients and others to present complaints about services, either orally or in writing. Procedures also shall indicate that complaints will be addressed and resolved in a timely manner. The provider shall supply all clients and responsible parties with the specific telephone number of the provider, for information, questions or complaints about services being delivered.